

State Community Services Office  
 State Homeless Coordinating Committee  
**PAMELA ATKINSON HOMELESS TRUST FUND (PAHTF)**  
**APPLICATION**  
**(FY 2004/05 Target Plan)**



<b>Organization:</b>	<b>Date Submitted:</b>
<b>Address:</b>	<b>Total Amount Requested:</b>
<b>City, ZIP:</b>	<b>Phone:</b> <b>Fax:</b>
<b>County:</b>	<b>Email:</b>
<b>Contact Person:</b>	<b>Fed. I.D.:</b>

<b>Name of Project</b>				
<b>Amount requested per project</b>	\$	\$	\$	\$
<b>Units of service requested</b>				

**2004-05 REQUEST**

1. Define the number and demographics of the customers your program will serve.

1a. Specify your service product and its key features for this funding. If a past recipient, has this need changed, if so please explain.

2. **Performance Targets:** Specify the performance targets and the timelines for achieving.

3. **Milestone:** List the key milestones and dates to achieve the results.

4. **Cost Allocation:** Explain how you determine the allocated funds by programs.
5. **Key Individuals:** List individual (s) responsible for achieving the results.
6. **Verification:** Describe the results verification process.
7. **Coordination/Linkages:** Describe coordination and linkage with other service providers.
- 7a. Describe your agency's participation in a Continuum of Care process, and your involvement in the implementation of the State Homeless Management Information System (HMIS).
8. If funded in 2003/04, explain how your service was able to move clients from "homelessness" and to become more self-reliant.
- 8a. Please describe how funds were used to meet the contract milestones and goals.

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FY 2005 PAMELA ATKINSON HOMELESS TRUST FUND APPLICATION**

Prepare separate page for each service unit.

Agency: \_\_\_\_\_ Unit of Service: \_\_\_\_\_

2004-2005 Request: \_\_\_\_\_

	2000-2001 Actual	2001-2002 Actual	2002-2003 Actual	2003-2004 Projected	2004-2005 Request
<b>1. Total annual service units provided</b>					
<b>2. Unduplicated individuals served</b>					
a. Average service unit per individual (Divide line 1 by line 2)					
<b>3. Total agency budget</b>					
<b>4. This service unit total expenditure</b>					
a. Homeless Trust Fund in line 4					
b. Administrative costs in line 4a					
c. HTF as % of line 4 (Divide line 4a by line 4)					
d. Admin. Costs as % of line 4a (Divide line 4b by line 4a)					
<b>5. Per unit analysis (divide line one into)</b>					
a. Total service expenditures (line 4)					
b. Homeless Trust Fund (line 4a)					

**Explain any significant year-to-year change and/or significant variance from last year's stated per unit cost average:**

If you are a recipient of Continuum of Care funding, how are you meeting the required match?

**PLEASE INCLUDE:**

- \*Latest Audited Financial Statement
- \*An Attachment for Each Unit of Service Funding Request
- \*Board of Directors List

- Note:
1. Case Management – submit 3 budget sheets if providing 3 different levels of case management.
  2. Refer to definitions on back page.

## Budget Matrix

<b>Funding Matrix</b>								
The applicant must provide the funding matrix shown below, listing each program for which PAHTF funding is being requested, and complete the certifications.								
Project	PAHTF	Applicant Match (ESG)	Other State Funds	Other Federal Funds	Local/Tribal Share	Other Private contributions	Program Income	Total
<b>Total</b>								

**Certifications**

I certify, to the best of my knowledge and belief, that no State appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or an employee of Federal or State government agency or Federal or State legislators in connection with awarding of this grant or its extension, renewal, amendment or modification.

The information in this application constitutes a material representation of facts upon which the State may rely in awarding this grant and to the best of my knowledge and belief, is true and correct.

Signature of Authorized Official	Name (printed)
Title	Date

02-24-04